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Statement submitted by the Fondation Ostad Elahi: éthique et solidarité humaine, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/2009/100.

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Statement

Report of the round table of the Fondation Ostad Elahi on the general theme for 2009: "Implementing the internationally agreed goals and commitments in regard to global public health"

At the initiative of the Fondation Ostad Elahi: éthique et solidarité humaine, and under the auspices of the International Association of Economic and Social Councils and Similar Institutions, on 13 February 2009, a round table of experts was convened in Paris at the Economic, Social and Environmental Council of the French Republic to discuss the theme of the 2009 annual ministerial review. The round table, which comprised representatives of the United Nations and the French Parliament, doctors, researchers and one non-governmental organization, considered the topic "Health-care ethics in Africa and the achievement of the health-related Millennium Development Goals", with a view to the formulation of recommendations. The purpose of the round table was to consider how health-care ethics could contribute to the advancement of the health-related Millennium Development Goals, on the theory that it is possible to effect changes in professional practices related to ethical issues and that these changes can have immediate and wide-ranging effects on the quality of patient care.

Although the round-table experts noted that there were deficiencies in the quality of health care, they indicated that many of the obstacles to the implementation of health-care ethics were linked primarily to the political, economic and social functioning of developing countries. These obstacles include a lack of basic health infrastructure, a lack of training resources, the overlapping of several sets of standards with no real convergence, the lack of scientific vocabulary in African languages, etc. This has resulted in makeshift systems and the application of relative ethics.

Isolated examples of good practices have nevertheless emerged, such as medical treatment of persons living with HIV and the development of clinical research, with the establishment of written regulations in accordance with international standards. It might be useful to further explore the possibility of using the existing health research ethics committees as a model for health-care ethics committees. Health-care professionals who have set the bar high with respect to personal ethics and the provider-patient relationship have also helped considerably to improve the quality of health care. These improvements could serve as an example, thereby benefiting the health system as a whole.

Awareness of patients' rights is increasing as a result of actions by patient associations, which promote the principle of informal consent and the elaboration of codes of ethics, act as mediators, advise patients, seek damages, etc. To reduce the waiting period between diagnosis and treatment, some patient associations compile and distribute treatment centre directories that list the services provided, the hours of operation, fees, etc.

In general, future efforts should focus on ensuring that training programmes emphasize the importance of treating patients as human beings; encouraging the various actors, including health-care professionals, politicians and international organizations, to reflect on their own practices; and identifying, supporting, promoting and replicating good practices.